

Exhibit A

Arlington General District Court



Civil Case Details

Arlington General District Court

Name Search

Case Number Search

Hearing Date Search

Service/Process Search

Name Search

Case Number Search

Hearing Date Search

Service/Process Search

Case Information

Case Number :	GV23006344-00	Filed Date :	11/16/2023
Case Type :	Warrant In Debt	Debt Type :	

Plaintiff Information

Name	DBA/TA	Address	Judgment	Attorney
KINARD, LATISHA		ARLINGTON, VA		

Defendant Information

Name	DBA/TA	Address	Judgment	Attorney
EQUIFAX INFORMATION SERVICES LLC		ATLANTA, GA		MONTGOMERY, JOHN W

Hearing Information

Date	Time	Result	Hearing Type	Courtroom
02/27/2024	10:00 AM			3A
12/21/2023	02:00 PM	Continued		3A
12/14/2023	02:00 PM	Continued	Motion	3C

Service/Process

Reports

Judgment Information

Judgment :	Costs :	Attorney Fees :
Principal Amount :	Other Amount :	Interest Award :
Possession :	Writ of Eviction Issued Date :	Writ of Eviction Executed Date :
Homestead Exemption Waived :	Writ of Fieri Facias Issued Date :	
Is Judgment Satisfied :	Date Satisfaction Filed :	Other Awarded :
Further Case Information :		

Garnishment Information

Appeal Information

Appeal Date :	Appealed By :
--------------------------	--------------------------

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[Judicial Branch Agencies](#) | [Programs](#)

Build #: 6.2.4.4



COMMONWEALTH of VIRGINIA

Secretary of the Commonwealth

POST OFFICE BOX 2454

RICHMOND, VIRGINIA 23218-2454

NOTICE OF SERVICE OF PROCESS

Equifax Information Services LLC
1550 Peachtree Street NW
Atlanta GA 30309

12/1/2023

Kinard, Latisha Y

vs.

Equifax Information Services LLC

Warrant

Dear Sir/Madam:

You are being served with the enclosed notice under section 8.01-329 of the Code of Virginia which designates the Secretary of the Commonwealth as statutory agent for Service of Process.

If you have any questions about the matter, PLEASE contact the CLERK of the enclosed/below mentioned court or any attorney of your choice. Our office does not accept payments on behalf of debts. The Secretary of the Commonwealth's ONLY responsibility is to mail the enclosed papers to you.

COURT:

Arlington County General District Court
1425 North Court House Road, Ste 2400
Second Floor
Arlington VA 22201-2685

A handwritten signature in black ink, appearing to be "JD".

Service of Process Clerk
Secretary of the Commonwealth's Office

Commonwealth of Virginia Va. Code §§ 8.01-301, -329; 55.1-1211; 55.1-1401; 57-51

ARLINGTON COUNTY

District Court

KINARD, LATISHA Y

v.

EQUIFAX INFORMATION SERVICES LLC

550 14th RD S #119

1550 PEACHTREE STREET NW

ARLINGTON VA 22202

ATLANTA GA 30309

TO THE PERSON PREPARING THIS AFFIDAVIT: You must comply with the appropriate requirements listed on the back of this form.

Attachments: [] Warrant [] Motion for Judgment []

I, the undersigned Affiant, state under oath that:

☒ the above-named defendant []

whose last known address is: [] same as above []

- ☒ is a non-resident of the Commonwealth of Virginia or a foreign corporation and Virginia Code § 8.01-328.1(A) applies (see NON-RESIDENCE GROUNDS REQUIREMENT on reverse).
- [] is a person whom the party seeking service, after exercising due diligence, has been unable to locate (see DUE DILIGENCE REQUIREMENT on reverse) and that

12/21/2023 @ 2pm

is the return date on the attached warrant, motion for judgment or notice (see TIMELY SERVICE REQUIREMENT on reverse).

11/16/2023

DATE

☒ PARTY

[] PARTY'S ATTORNEY

[] PARTY'S AGENT

State of

Virginia

[] City

☒ County of

Arlington

Acknowledged, subscribed and sworn to before me this

16th

day of

November

, 20

23

NOTARY REGISTRATION NUMBER

☒ CLERK

[] MAGISTRATE

[] NOTARY PUBLIC (My commission expires)

☒ Verification by the clerk of the court of the date of filing of the certificate of compliance requested. A self-addressed stamped envelope was provided to the clerk at the time of filing of this Affidavit.

NOTICE TO THE RECIPIENT from the Office of the Executive Secretary of the Commonwealth of Virginia:

You are being served with this notice and attached pleadings under Section 8.01-329 of the Code of Virginia which designates the Secretary of the Commonwealth as statutory agent for Service of Process. The Secretary of the Commonwealth's ONLY responsibility is to mail, by certified mail, return receipt requested, the enclosed papers to you. If you have any questions concerning these documents, you may wish to seek advice from a lawyer.

SERVICE OF PROCESS IS EFFECTIVE ON THE DATE WHEN SERVICE IS MADE ON THE SECRETARY OF THE COMMONWEALTH.

CERTIFICATE OF COMPLIANCE

I, the undersigned, Clerk in the Office of the Secretary of the Commonwealth, hereby certify the following:

NOV 27 2023

- On , legal service in the above-styled case was made upon the Secretary of the Commonwealth, as statutory agent for persons to be served in accordance with Section 8.01-329 of the Code of Virginia, as amended.
- On DEC 01 2023, papers described in the Affidavit and a copy of this Affidavit were forwarded by certified mail, return receipt requested, to the party designated to be served with process in the Affidavit.

SERVICE OF PROCESS CLERK, DESIGNATED BY THE AUTHORITY OF THE SECRETARY OF THE COMMONWEALTH

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

ARLINGTON COUNTY

General District Court

CITY OR COUNTY

1425 NORTH COURTHOUSE ROAD ARLINGTON VA 22201

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

12/21/2023 @ 7pm

RETURN DATE AND TIME

11/16/2023

DATE ISSUED

[] CLERK

☒ DEPUTY CLERK

[] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 5,000.00 net of any credits, with interest at % from date of until paid,

\$ 70 costs and \$ attorney's fees with the basis of this claim being

[] Open Account [] Contract [] Note [] Other (EXPLAIN)

FAIR CREDIT REPORTING ACT (FCRA)

HOMESTEAD EXEMPTION WAIVED? ☒ YES [] NO [] cannot be demanded

11/9/2023

DATE

☒ PLAINTIFF [] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S EMPLOYEE/AGENT**CASE DISPOSITION**

JUDGMENT against [] named Defendant(s) []

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

[] and \$ costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CAN NOT BE DEMANDED

[] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present: [] NO [] YES

DATE

JUDGE

FORM DC-412 (FRONT) 10/22

EFX ORIGINAL DOCUMENT 4 12\07\2023 00505102 002 0005

HEARING DATE
AND TIME

12/21/2023 @ 7pm

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

KINARD, LATISHA Y

ADDRESS

550 14TH RD S APT 119

ARLINGTON VA 22202-7401

V.

EQUIFAX INFORMATION SERVICES LLC

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Corporation Service Company

ADDRESS

1550 PEACHTREE Street, N.W.

ATLANTA, GA, 30309-2402

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to try this case.

[] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars

ORDERED

DUE

Grounds of Defense

ORDERED

DUE

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

JUDGMENT PAID OR
SATISFIED PURSUANT
TO ATTACHED NOTICE
OF SATISFACTION.

DATE

CLERK

**DISABILITY
ACCOMMODATIONS**
for loss of hearing,
vision, mobility, etc.,
contact the court ahead
of time.

NAME <u>EQUIFAX INFORMATION SERVICES LLC</u>	
<u>Corporation Service Company</u>	
ADDRESS <u>2 Sun Court, Suite 400</u>	
<u>Peachtree Corners, GA, 30092,</u>	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. _____
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	_____
SERVING OFFICER _____	
DATE _____	for _____

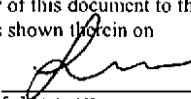
NAME _____	
ADDRESS _____	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. _____
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	_____
SERVING OFFICER _____	
DATE _____	for _____

NAME _____	
ADDRESS _____	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. _____
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<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	_____
SERVING OFFICER _____	
DATE _____	for _____

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on	
DATE <u>11/9/2023</u>	
	<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Atty. <input type="checkbox"/> Plaintiff's Agent
Fi. Fa. issued on _____	
Interrogatories issued on: _____	
Garnishment issued on _____	

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

ARLINGTON COUNTY

CITY OR COUNTY

General District Court

1425 NORTH COURTHOUSE ROAD ARLINGTON VA 22201

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

12/21/2023 @ 2pm

RETURN DATE AND TIME

to answer the Plaintiff(s)' civil claim (see below)

11/16/2023

DATE ISSUED

[] CLERK

☒ DEPUTY CLERK

[] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 5,000.00 net of any credits, with interest at % from date of until paid,

\$ 70 costs and \$ attorney's fees with the basis of this claim being

[] Open Account [] Contract [] Note [] Other (EXPLAIN)

FAIR CREDIT REPORTING ACT (FCRA)

HOMESTEAD EXEMPTION WAIVED? ☒ YES [] NO [] cannot be demanded

11/9/2023

DATE

☒ PLAINTIFF [] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S EMPLOYEE/AGENT

CASE DISPOSITION

JUDGMENT against [] named Defendant(s) []

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

[] and \$ costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CAN NOT BE DEMANDED

[] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present: [] NO [] YES

DATE

JUDGE

HEARING DATE
AND TIME

12/21/2023 @ 2pm

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

KINARD, LATISHA Y

ADDRESS

550 14TH RD S APT 119

ARLINGTON VA 22202-7401

V.

EQUIFAX INFORMATION SERVICES LLC

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Corporation Service Company

ADDRESS

1550 PEACHTREE Street, N.W.

ATLANTA, GA, 30309-2402

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to try this case.

[] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars ORDERED DUE

Grounds of Defense ORDERED DUE

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

JUDGMENT PAID OR
SATISFIED PURSUANT
TO ATTACHED NOTICE
OF SATISFACTION.

DATE

CLERK

DISABILITY
ACCOMMODATIONS
for loss of hearing,
vision, mobility, etc.,
contact the court ahead
of time.

NAME <u>EQUIFAX INFORMATION SERVICES LLC</u>	
<u>Corporation Service Company</u>	
ADDRESS <u>2 Sun Court, Suite 400</u>	
<u>Peachtree Corners, GA, 30092,</u>	
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<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER _____
DATE _____	for _____

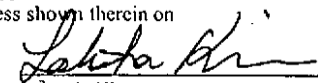
NAME _____	
ADDRESS _____	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. _____
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER _____
DATE _____	for _____

NAME _____	
ADDRESS _____	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. _____
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<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER _____
DATE _____	for _____

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on	
11/9/2023	
DATE	<input checked="" type="checkbox"/> Plaintiff
	<input type="checkbox"/> Plaintiff's Atty.
	<input type="checkbox"/> Plaintiff's Agent
Fi. Fa. issued on _____	
Interrogatories issued on: _____	
Garnishment issued on _____	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7022 0410 0002 6777 2294



EQUIFAX INFORMATION SERVICES LLC
CORPORATION SERVICE COMPANY
1550 PEACHTREE STREET NW
ATLANTA GA 30309-2402

202309\$2468 C038



THIS ENVELOPE IS RECYCLABLE AND MADE WITH 30% POST CONSUMER CONTENT 